King County
Tobacco Prevention & Control
Community UPDATE
Winter 2009
Public Health
Seattle & King County

In this issue...

Stop the flu: Wash your hands and . . . quit smoking

Vintage 1950's holiday tobacco advertisement shows how far we've come

Tobacco program success linked to funding, but future support is not guaranteed

New study does not support link between Chantix and suicide

Stop the flu: Wash your hands and . . . quit smoking

by Paul Zemann

Studies support that people who smoke are more likely to get the flu and also are more likely to become sicker from it. For instance, a study from 1982 found an outbreak of H1N1 influenza in an Israeli army unit was 45% more likely to infect smokers. Of the people in this study who got the flu, people who smoked were two thirds more likely to miss work or need bed rest. The researchers found that smoking is a major factor of disease in epidemic influenza and may contribute substantially to how sick someone becomes.

Susceptibility to illness caused by smoking is not limited to the flu. People who smoke contract all upper and lower respiratory tract infections more often than non-smokers. The Centers for Disease Control and Prevention advises that smoking not only increases illness in smokers, it also impacts those who live with people who smoke. Children and infants exposed to secondhand smoke in the home have dramatically higher levels of respiratory symptoms (wheezing, coughing) and respiratory tract infections.

Continue reading »

Public Health
Seattle & King County

Our email: tobacco.prevention@kingcounty.gov
Our website: www.kingcounty.gov/health/tobacco
Our mailing address: 401 5th Ave Suite 900, Seattle, WA 98104

In this issue...

Stop the flu: Wash your hands and . . . quit smoking

Vintage 1950's holiday tobacco advertisement shows how far we've

(Continued)

We are all being more careful this flu season, washing our hands and staying home when sick. People who smoke can better protect themselves from getting the flu by quitting this flu season. Quitting smoking is among the BEST preventive measures against H1N1 flu and seasonal influenza; not only for smokers, but also for anyone who

come

Tobacco program success linked to funding, but future support is not guaranteed

New study does not support link between Chantix and suicide

Paul Zemann is a Health Educator in the Tobacco Prevention Program at Public Health — Seattle & King County. For more information, contact him at Paul.Zemann@kingcounty.gov or (206) 296-7613.

may live with a smoker: children, family members or roommates. Smoking cessation is essential in preventing influenza, along with maintaining good personal hygiene and a healthy lifestyle.

For people ready to quit this flu season, free help is available through the Washington Tobacco Quitline (1-800-QUIT-NOW or www.quitline.com).

More information about H1N1 is on the Public Health website.

SOURCE: *Cigarette smoking as a risk factor for epidemic a(h1n1) influenza in young men*. New England Journal of Medicine, October 1982, http://www.ncbi.nlm.nih.gov/pubmed/7121513.

In this issue...

Stop the flu: Wash your hands and . . . quit smoking

Vintage 1950's holiday tobacco advertisement shows how far we've come

Tobacco program success linked to funding, but future support is not guaranteed

New study does not support link between Chantix and suicide

Vintage 1950's holiday tobacco advertisement shows how far we've come

In this issue...

Stop the flu: Wash your

Tobacco program success linked to funding, but future support is not

hands and . . . quit smoking

Vintage 1950's holiday tobacco advertisement shows how far we've come

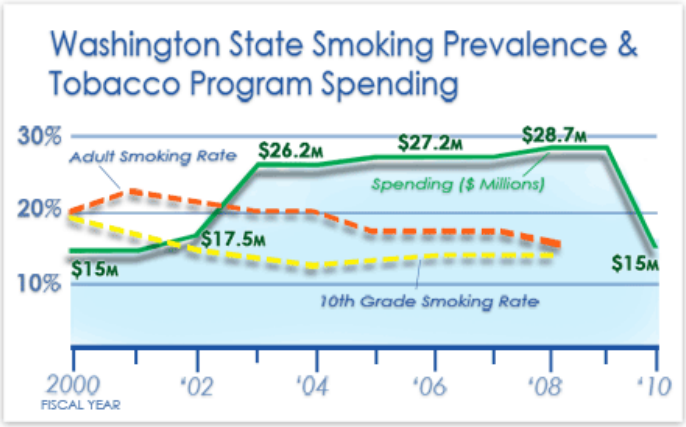
Tobacco program success linked to funding, but future support is not guaranteed

New study does not support link between Chantix and suicide

guaranteed

by Molly Ryan

National research documents that well-funded programs are more successful in combating tobacco. Washington is a prime example of how a funded comprehensive tobacco program drastically decreases tobacco use. Since its inception in 2000, the Washington State Tobacco Prevention and Control Program received a steady stream of funding to combat tobacco use in our state, resulting in a steady decline of tobacco use among residents.



The link between funding and program success

The funds for Washington's first robust tobacco program came from the Master Settlement Agreement, in which tobacco companies reimbursed states for tobacco-related medical costs. The impact of a robust program in Washington is clear, as seen in the in the graph (above). Since 2000, Washington's smoking rates have declined steeply for adults and youth.

The state program contracts with King County's Tobacco Prevention Program (TPP) for local programming and our funding coincides with the state's. In 2008, King County experienced an all-time low smoking rate of just 10.6% among adults - about half the rate of the early 2000's. We have also seen drastic reductions in tobacco use among youth and pregnant women during this time.

While we are currently realizing our biggest success, recent funding challenges threaten to stall and possibly reverse the progress we have made at both the state and county level. Other states with model programs that then lost funding have demonstrated the risk of cutting the budgets of successful tobacco programs.

Learning From the Experience of Others

Massachusetts was among the nation's first comprehensive programs, and has been a leader in tobacco control since the early 1990's. The Massachusetts program was very successful - decreasing per capita cigarette consumption by about half between 1992 and 2003, and lowering consumption among high school students by 27% between 1995 and 2001.

This progress, however, came to a halt when funding for the state's tobacco program was cut by 95% in 2004. Since then, reductions in youth smoking rates have stalled and overall cigarette consumption increased, even while consumption at the national level declined.

Massachusetts also lost ground in enforcement after funding cuts. Local health departments that lost some or all of their funding for enforcement (such as for activities to restrict retailers form selling to minors) had a 74% - 98% increase in cigarette sales to minors over the course of a year.

California's experience shows similar loss of ground after funding cuts. The implementation of the California Tobacco Control Program in 1990 accelerated the decline of smoking prevalence by 36%. Then, during a round of funding reductions in the mid-1900's, progress was stalled and no significant changes occurred in prevalence between 1994 and 1996. When funding was partially restored, so was a downward slope in prevalence.

Massachusetts and California's tobacco program histories show a strong relationship between program funding and tobacco use rates - when funding is high, tobacco usage rates decline, when funding is cut, usage rates stall and consumption can increase.

Molly Ryan is a Policy and Marketing Specialist in the Tobacco Prevention Program at Public Health — Seattle & King County. For more information, contact her at Molly.Ryan@kingcounty.gov or (206) 296-7613.

WHY FUND TOBACCO?

In rough budget times, even programs with tangible success can be victim to cuts, so it is necessary to examine the potential impacts of these cuts. Cuts to tobacco prevention and control can actually create a net increase in costs to state and local governments, as well as to individuals. Smoking-related illness costs Washington state $3.1 billion annually - $1.5 billion in direct medical costs (primary care, specialty care, hospitalizations, medications, etc.) and $1.6 billion in indirect costs (lost productivity due to work absences or inability to continue working). $650 million of this total comes from publicly-funded sources: the share per household in our state, whether a smoker lives there or not, is approximately $631 per year to cover these costs. Tobacco control reduces smoking rates, and therefore reduces the cost burden of smoking to all. Cutting tobacco control leaves Washington vulnerable to increasing costs.

The non-financial costs are also stark. The Campaign for Tobacco-Free Kids estimates that with every 1% increase in the adult and youth smoking rates in our state, we can expect to see the following results:

- 13,100 more adults dying from smoking
- 4,900 more youth growing up to die from smoking
- 870 more smoking-affected births, (and a $7.4 million increase in health costs to care for these babies over five years)
- 35 more smoking-caused heart attacks and strokes, (resulting

in $19.9 million more in health costs to care for these patients)

THE STATE OF TOBACCO FUNDING IN KING COUNTY

TPP funds were reduced by 20% in 2009 as a result of cuts to the state Tobacco Prevention and Control Program that were part of a budget trimming package to meet an overall state fiscal shortfall. As a result, TPP stopped providing large, competitive grants to community organizations that reached populations with inequitable tobacco use. The state also had to suspend media campaigns, including advertising for the Washington Tobacco Quitline within King County and the state.

In addition to these cuts, the portion of cigarette taxes that went directly to tobacco prevention and control was diverted to the general fund. At present, Washington has no earmarked funding for tobacco prevention and control beyond mid-2011, which means there are no earmarked funds for the state to continue its tobacco contract with King County. While a do-more-with-less attitude is helpful in hard times, history has shown the strong connection between comprehensive funding and controlling the tobacco problem.

SOURCES:

The Impact of Reductions to State Tobacco Control Program Funding. Washington D.C.: Campaign for Tobacco-Free Kids; 2009. Available from: http://www.tobaccofreekids.org/research/factsheets/pdf/0270.pdf *Tobacco Prevention and Control Program Progress Report*, March 2009. Olympia: Washington State Department of Health. Available from: http://www.doh.wa.gov/Tobacco/program/reports/tpcp09progrpt.pdf *State Harms & Costs from each One Percentage Point Increase in State Smoking Rates [Caused by State Tobacco Prevention Program Funding Cuts or Other Factors]*. Washington, D.C.: Campaign for Tobacco-Free Kids; 2009. Available from: tobaccofreekids.org/research/factsheets/pdf/0342.pdf

GRAPH SOURCES:

Washington State Behavioral Risk Factor Surveillance System (BRFSS), the Healthy Youth Survey (HYS), and Campaign for Tobacco-Free Kids (CTFK). CTFK reports are available online at:
tobaccofreekids.org/reports/settlements/2009/history.pdf
tobaccofreekids.org/reports/settlements/2002/appendixa.pdf

In this issue...

Stop the flu: Wash your hands and . . . quit smoking

Vintage 1950's holiday tobacco advertisement

New study does not support link between Chantix and suicide

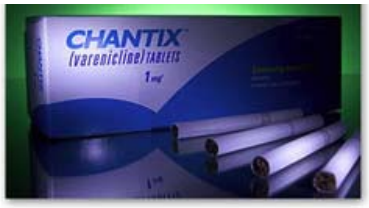
by Paul Zemann

When Chantix debuted three years ago, it was met with excitement

shows how far we've come

Tobacco program success linked to funding, but future support is not guaranteed

New study does not support link between Chantix and suicide



from health professional and people trying to quit. The new drug acted by blocking receptors for nicotine (the addictive ingredient in tobacco) in the brain and reducing the urge to smoke. Unfortunately, hope for an effective tool for cessation soon turned to confusion and fear about side-effects as stories emerged that linked Chantix to depression and other mood changes. One high profile case involved a musician using Chantix in Texas being shot by his neighbor when he came to the neighbor's door during the night.

After more than five thousand reports of depression, hostility and other behavioral changes, FDA officials ordered a "black box" warning on Chantix.

These reports and stories, however, may not hold up to a scientific test. A new robust study of 80,000 people using quit aids in the United Kingdom found that Chantix did not pose any more risk than other quit products like bupropion (an anti-depressant also known as Zyban) and nicotine replacement (e.g., the patch or the gum). Professor David Gunnell, lead researcher of this study said, "We found no clear evidence of an increased risk of self-harm or depression associated with varenicline." Varenicline is the generic name for Chantix. Gunnell and his team followed 80,660 would-be quitters in the UK who used different smoking cessation products between September 2006 and May 2008. A total of 63,265 of these individuals used nicotine replacement products, 10,973 used Chantix, and 6,422 used bupropion.

When researchers looked at medical records, they found no evidence of increased risk of serious mental health problems (i.e., self-harm, suicidal thoughts or depression) for people using these products and during the three months after their last prescription was filled. Gunnell cautions, however, that based on the size of the study, it's still possible that Chantix does increase the risk of suicide - or even decrease it. "Other studies should be undertaken to provide further evidence on this issue," he concluded.

Regardless of what medication people use to quit smoking, it is very important they take good care of themselves by sleeping as much as needed, eating plenty of fresh fruits and vegetables, drinking plenty of water, and not planning a stressful schedule. The body needs support to heal from the effects of smoking. People who are quitting should expect withdrawal from nicotine to affect their mood and energy level. These symptoms will pass after about a week of smoke-free life.

SOURCES: Description of study and findings adapted from the British Medical Journal, online October 2, 2009.

Paul Zemann is a Health Educator in the Tobacco Prevention Program at Public Health — Seattle & King County. For more information, contact him at Paul.Zemann@kingcounty.gov or (206) 296-7613.